ORIGINAL ARTICLES: VARIOUS TOPICS

Use of Faith-Based Social Service Providers in a Representative Sample of Urban Homeless Women

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ABSTRACT   *There are few quantitative studies on the characteristics of homeless persons who use faith-based social service providers. To help address the lack of information in this area, we analyzed survey data on 974 participants in the University of California at Los Angeles (UCLA) Homeless Women's Health Study, a representative sample of homeless women at shelters and meal programs in Los Angeles County. The primary objective of this analysis was to estimate the association of religious affiliation, race/ethnicity, income, and other client characteristics with the use of faith-based programs. In interviews at 78 homeless shelters and meal programs, study respondents provided information about their religious affiliation and other social and demographic characteristics. The names of the organizations were examined, and those with names that referenced specific religions or contained words connoting religiosity were designated as "faith based." At the time they were selected for study participation, 52% of respondents were using the services of faith-based providers. In multivariate logistic regression analysis, lower odds of using these providers were estimated for participants with no religious affiliation (compared with Christian respondents) and for African Americans and Latinas (compared with whites). There is evidence of systematic differences between the clients of faith-based and secular social service providers. The benefits of increased funding through a federal faith-based policy initiative may accrue primarily to subgroups of clients already using faith-based programs.*

KEYWORDS   *Homelessness, Policy, Religious beliefs, Social work, Utilization, Women.*

INTRODUCTION

Religious groups historically have been at the forefront of providing practical and emotional support to homeless persons, as well as emergency assistance to battered women, runaway youths, and others at risk for long-term homelessness. In 1998, a survey of a representative sample of congregations in the United States found that

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57% of respondents were involved in projects to provide shelter, food, and other services that would meet many of the needs of these populations.[1]

Religious groups are relatively restricted in their ability to obtain public funds for social services work, as suggested by 1997 data that showed that 44% of faith-based housing programs receive government funding, compared with 87% of secular nonprofit programs.[2] In response, a number of proposed or currently effective federal policies generally referred to as "charitable choice" or the "faith-based initiative" have focused on expanding the ability of religious groups to compete for government contracts and grants.

Critics of these policies assert, however, that faith-based providers may compromise the civil liberties of their clients by indiscriminately combining social service delivery and religious activities.[3–5] Homeless persons who prefer not to participate in such activities can avoid faith-based providers, but in doing so, they would not benefit from the increased program funding resulting from these new policies.

Previous studies relevant to this issue have documented the importance of religious beliefs to clients of homeless service programs. In interviews with 50 homeless women attending a family planning clinic in Los Angeles, 92% of respondents reported using one or more religious or spiritual practices, and 48% believed that their use of prayer was related to less alcohol and illicit drug consumption and fewer depressive symptoms.[6] Religious practices were also common among 100 formerly homeless men recovering from substance abuse at a residential treatment program in Boston, Massachusetts.[7]

A common inference in this research is that religious or spiritual practices lead to better psychosocial outcomes. For example, a case report on a hospitalized man with mental illness attributed his successful exit from homelessness to a single session with a spiritual healer, without discussing other factors that might have contributed to his progress.[8] Although various methodologic limitations tend to weaken such claims, this literature is important for emphasizing that the service needs of homeless persons go beyond physical subsistence and may include pastoral counseling and similar forms of support.

Not all homeless persons share the belief systems of faith-based providers, however, and some clients have reported feeling pressured to participate in worship or other religious activities in order to receive services.[9] When added to the lack of privacy, stringent rules, and long waiting lines that are common at many shelters and meal programs, these experiences may insult some clients' sense of dignity[10] and discourage them from taking advantage of available programs.

There are few quantitative studies on the characteristics of homeless persons who use faith-based social service providers. The 1996 National Survey of Homeless Assistance Providers and Clients compared reports from administrators of faith-based and secular programs on the needs of their clientele for food, clothing, housing, job assistance, and other services. Results showed that administrators of secular programs reported higher levels of client need for most services than did administrators of faith-based programs.[2] It is possible, however, that this disparity was related to differences in program monitoring between the two groups of administrators rather than to actual differences in levels of client need.

To help address the general lack of information on homeless persons who use faith-based programs, we analyzed survey data on participants in the University of California, Los Angeles (UCLA) Homeless Women's Health Study, a representative sample of homeless women using shelters and meal programs in Los Angeles County. The main objective of the analysis was to estimate the association of client

religious affiliation and other personal characteristics with the use of faith-based programs. The identification of subgroups of the homeless population using these programs may help advocates and policymakers determine who might actually be the beneficiaries of a federal faith-based policy initiative.

METHODS

Design

A review of social service directories and conversations with expert informants identified 236 shelters and 93 meal programs thought to serve homeless women in Los Angeles County. The focus on shelters and meal programs was motivated primarily by cost considerations. In effect, this systematically excluded homeless women who do not use these services, which has been estimated[11] as about 11%. Sites were screened by telephone to determine a measure of size for sampling purposes (i.e., number of visits made by eligible homeless women during a typical week) and other information for refining the sampling frame.

A number of otherwise-eligible sites were excluded to promote efficient use of field teams. These included 31 sites with fewer than five clients per day and 11 shelters at which less than 75% of clients were homeless by our definition. Three meal programs were excluded because meal schedules were erratic, and one was excluded because of a potential security problem for interviewers. We estimate that these 46 sites accounted for 10% of the total visits available to the sampling frame. However, the loss of women from the frame would be less because of their mobility from site to site. The final sampling frame consisted of 64 shelters and 38 meal programs.

Sampling proceeded in two stages: (1) selection of 78 sites stratified by eight regions of Los Angeles County (e.g., Downtown, Westside, Hollywood) and by type of site (shelter versus meal program); and (2) selection of visits by homeless women at the sites. In the first stage, sites were sampled with probabilities proportional to size; in the second stage, visits were randomly sampled with equal probabilities.

Fieldwork lasted 8 months, and field teams sampled at each site in six waves. The two stages of sampling produced a self-weighting sample of homeless-woman visits. Because homeless women did not visit the sites at a uniform rate, analysis weights were set inversely proportional to the selection probabilities for respondents based on the frequencies with which they reported using the sites. We incorporated a compensating frequency component into the weights because replacement sampling often resulted in the selection of women who had been interviewed on previous occasions.

Of the estimated 1,668 homeless-women visits that were eligible for the study, 461 were identifiable repeats from previous occasions. We completed 974 interviews with unique clients. The overall response rate is the product of two component rates: response by sites and response by selected visits. The denominator for the response-by-sites rate includes an estimated 99 eligible visits that were not sampled because of site refusal to participate, for a rate of 94.4% [1668/(1668 + 99)]. The numerator for the rate of the response by selected visits includes the repeats, for a rate of 86% [(974 + 461)/1668]. The product of these two components results in an overall response rate of 81%. Each interview lasted approximately 1 hour, and respondents were compensated with payment of $12 and a package of toiletries. The institutional review boards at the University of California, Los Angeles, and RAND approved the study protocol.

Respondents

Participants were 974 homeless women of reproductive age who were interviewed between January and October 1997 in Los Angeles County shelters and meal programs. *Reproductive age* was defined according to the National Survey of Family Growth as ages 15 through 44 years.[12] A woman was defined as *homeless* if she had spent any of the past 30 nights (1) in a mission, shelter, hotel paid for by a voucher, church or chapel, all-night theater or other indoor public place, abandoned building, motor vehicle, on the streets or in another outdoor place; or (2) in a rehabilitation program for homeless people and also stayed in one of the settings listed in item 1 on any of the 30 nights before entering the program.

Dependent Variable

The dependent variable indicated whether a particular respondent was sampled from a faith-based or secular provider site. Defining faith-based and secular organizations for research purposes is a complex task, and there is no consensus on how this should be done.[13] To construct the dependent variable, we examined the names of the 78 shelters and meal programs that were selected in stage 1 of the sampling procedure and designated a site as faith based if its name referenced specific religions or religious figures or contained other language connoting religiosity or spirituality. Thus, 39 of the 78 selected sites (50%) were categorized as faith based by the following terms: mission (12 sites); Catholic or Christian (8 sites); bible, church, interfaith, Lord, or saint (7 sites); and Jewish (1 site). The names of 2 sites referenced a figure from the Hebrew Scriptures, and 1 site was named after a prominent clergy member. The terms that were used to categorize the remaining 8 faith-based sites with well-known names are not disclosed to maintain the confidentiality of providers. To evaluate the validity of the named-based classification scheme for secular programs, we conducted follow-up phone calls with a random 10% sample (i.e., four programs) of the 39 programs that we categorized as secular and verified that religious groups did not operate them.

Key Independent Variables

During the interview, respondents were asked, "What religion are you now, if any?" Respondents who said they were Protestant were asked for the complete name of their denomination. For the multivariate analysis, responses to this question were categorized as Christian, non-Christian, and nonreligious. We also included a three-category measure of religiosity based on responses to the question, "Currently, how important is religion in your daily life?" to identify participants for whom religion was very important, somewhat important, or not important.

Other Independent Variables

The analyses included other variables that describe common characteristics of homeless individuals, such as histories of violent victimization, severe mental illness, and poor access to medical care and social services. A dichotomous variable was included to indicate whether participants had been assaulted or raped in the previous year. The Rost-Burnam Depression Screener was used to ascertain depressive disorders in the previous year.[14] Two dichotomous variables indicated whether respondents had difficulty finding food or "a place to sleep for the night" in the previous 30 days and an unmet need for medical care in the previous 60 days.

   Asking clients of homeless shelters about their current use of illicit drugs is problematic because the abstinence required by many shelters gives them incentives

to underreport. Moreover, previous work comparing results from toxicologic hair tests and responses to survey questionnaires suggests that prevalence rates based on self-reported lifetime use have more validity than do rates based on reports of current use.[15] For this reason, we ascertained lifetime rather than current drug abuse with the Rost-Burnam Drug Dependence Screener, which was originally developed in a sample of homeless persons.[16] As a more indirect measure of substance abuse, we also included a dichotomous variable indicating whether respondents attended any Alcoholics Anonymous or Narcotics Anonymous (12-step) meetings in the previous year.

Additional variables included in the analyses were age, race/ethnicity, language, education, monthly income, and provider supply. Age was included as a continuous variable in 10-year increments. Race/ethnicity was categorized as African American, Latina, white, and other (the last category included those who were identified as American Indian, Asian, or Pacific Islander). A dichotomous variable was included to indicate whether respondents were interviewed in Spanish.

Education was categorized as less than high school, high school graduate, and at least some college. Monthly income was included as a continuous variable in $100 increments. The analysis included a variable for respondents who reported having had sex with other women in the previous 12 months because religious prohibitions against homosexuality may deter these women from using faith-based providers.

As a measure of social ties, respondents were asked how many close friends they currently had in the Los Angeles area. After examining its distribution, we categorized this continuous variable as no close friends, one to six close friends, and more than six close friends.

For a more long-standing measure of social isolation, marital status was dichotomized into never married versus currently/formerly married. We also included a dichotomous variable to indicate whether respondents had lived in the past 12 months with children to whom they had given birth, legally adopted children, or stepchildren.

Two variables were used to account for the effect of supply on respondents' choice of program. We created a continuous variable for the number of faith-based organizations and another for the number of secular organizations in each of the eight regional strata from stage 1 of the sampling procedure (e.g., Downtown, Westside, Hollywood).

Statistical Analyses

Weighted proportions were calculated to describe the distribution of religious backgrounds in the sample and the proportion of respondents using faith-based organizations, as well as other respondent characteristics. The main objective of the multivariate analysis was to test the hypothesis that non-Christian respondents were less likely to use faith-based programs (compared with Christians) at the time they were selected into the study, controlling for confounding factors. A variable was considered a potential confounder if it was associated with being of a nonmajority religious background and with the use of faith-based providers in the reference group (Christian respondents).[17] Covariates were included in the multivariate analysis because of these bivariate associations with religious background and service use or because they seemed important for their content.

To reduce loss of observations in the multivariate analysis, hot deck imputation[18] was used for the following continuous variables with missing data: age, monthly

income, number of close friends, and number of experiences with assault or rape. Monthly income had the greatest amount of missing data among these variables, 2.7% (26 cases). Because we did not impute values for categorical variables, 11 observations (1.1%) were dropped from the analysis. A multivariate logistic regression model was fitted to identify variables that were independently associated with use of a faith-based shelter or meal program, and odds ratios (ORs) and 95% confidence intervals (CIs) were calculated. Because of the potentially useful information for service planners, we performed additional analyses in which this model was fitted separately for respondents who were sampled from shelters and for respondents sampled from meal programs. The Stata software package was used to adjust standard errors to account for the cluster sampling of sites.

RESULTS

The univariate analyses (Table 1) shows that homeless women in Los Angeles County have a wide range of religious affiliations and beliefs. Christian denominations and traditions constituted the majority of those reported (81%), with the most frequent being Baptist (32%) and Catholic (17%). Although small proportions of respondents were of Jewish (1%), Muslim (0.5%), and other non-Christian (7%) backgrounds, 12% of the sample reported that they had no religious affiliation.

TABLE 1.   Use of faith-based providers, religious background, and importance of religion among homeless women in Los Angeles County, California, 1997 (n = 974)

	%* (n)
Use of a faith-based shelter or meal program	52 (504)
Type of program used by respondent when sampled	
Meal program	16 (156)
Shelter	84 (818)
Religious background	
Christian	
Baptist	32 (309)
Catholic	17 (161)
Episcopal	0.3 (3)
Lutheran	0.7 (7)
Methodist	1.4 (14)
Presbyterian	0.6 (6)
Other Christian	29 (281)
Non-Christian	
Jewish	1 (10)
Muslim	0.5 (5)
Other non-Christian	7 (65)
No religious affiliation	12 (112)
Importance of religion to respondent	
Very important	72 (702)
Somewhat important	19 (188)
Not important	8 (82)

*Due to rounding, proportions for variables may not add to 100%.

Results also showed that religion was very important to a large majority of the sample (72%), and approximately 52% of respondents were using the services of faith-based organizations when they were selected into the study.

Data for additional social and demographic characteristics are shown in Table 2. Many respondents reported having been assaulted or raped (36%) or screened positive for depressive disorders (48%) in the previous 12 months. Nearly half of the sample had a lifetime history of illicit drug abuse/dependence (46%). A high proportion (42%) had lived with their children in the previous 12 months.

Multivariate Analysis

In the multivariate analysis (Table 3), use of faith-based programs was associated with religious affiliation, race/ethnicity, income, difficulty finding social services, marital status, illicit drug use history, 12-step participation, depression, and local availability of faith-based programs. Nonreligious respondents had half the adjusted odds of using the services of faith-based providers (OR = 0.50; 95% CI = 0.24–0.96) than did women of Christian backgrounds.

TABLE 2. Social and demographic characteristics of homeless women in Los Angeles County, California, (n = 974)

	%* (n)	Mean (SD)
Age, years		33 (7.2)
Race/ethnicity		
African American	55 (536)	
Latina	14 (136)	
White	16 (158)	
Other	14 (138)	
Education		
<High school	37 (361)	
High school	54 (526)	
≥Some college	8 (82)	
Monthly income, $		381 (499)
Monolingual Spanish speaking	4 (39)	
Depression, past year	48 (467)	
Physical/sexual assault, past year	36 (348)	
Substance abuse, lifetime	46 (448)	
Attended 12-step meetings, past year	47 (459)	
Number of close friends in Los Angeles		
None	23 (221)	
1–6	55 (538)	
>6	22 (215)	
Never married	59 (573)	
Lived with children past year	42 (407)	
Lesbian or bisexual	10 (98)	
Problems finding shelter/food, past 30 days	39 (381)	
Unmet need for medical care, past 60 days	37 (356)	

*Due to rounding, proportions for variables may not add to 100%.

TABLE 3. Multivariate logistic regression analysis of use of faith-based shelters or meal programs by homeless women characteristics and supply factors (n = 974)*

Characteristic (reference category)	Use of Faith-Based Program	
	OR	95% CI
Religious background (Christian)		
Non-Christian	0.93	(0.36–2.44)
No religious affiliation	0.50	(0.26–0.96)†
Importance of religion (important)		
Somewhat	1.47	(0.83–2.60)
Not	0.91	(0.46–1.78)
Age (age in years/10)	1.02	(0.82–1.26)
Race/ethnicity (white)		
African American	0.47	(0.24–0.94)†
Latina	0.49	(0.25–1.00)†
Other	0.81	(0.39–1.67)
Education (≥some college)		
<High school	1.35	(0.58–3.13)
High school	1.12	(0.49–2.57)‡
Monthly income (income/$100)	0.97	(0.95–0.99)‡
Spanish speaking (English speaking)	1.10	(0.58–2.51)
Depression, past year	0.67	(0.46–0.99)†
Physical/sexual assult, past year	1.17	(0.69–1.99)
Substance abuse, lifetime	2.31	(1.52–3.53)§
Attended 12-step meetings, past year	0.44	(0.27–0.72)§
Number of close friends (>6)		
None	1.72	(0.89–3.32)
1–6	1.39	(0.84–2.29)
Never married (currently/formerly)	1.95	(1.21–3.15)‡
Lived with children past year (not)	0.73	(0.38–1.42)
Lesbian/bisexual (heterosexual/other)	0.60	(0.31–1.14)
Problem finding shelter/food, past 30 days	1.95	(1.16–3.28)†
Unmet need for medical care, past 60 days	0.81	(0.54–1.21)
Number of faith-bases sites in area	1.17	(1.06–1.29)‡
Number of secular sites in area	0.85	(0.62–1.16)

CI, confidence interval; OR, odds ratio.

*Reference category for the dependent variable is use of secular shelters or meal programs. Due to missing data, 11 observations were dropped from the analysis. †$p < 0.05$; ‡$p < 0.01$; §$p < 0.001$.

Compared with whites, African Americans had lower adjusted odds of using faith-based programs (OR = 0.47; 95% CI = 0.24–0.94), as did Latinas (OR = 0.49; 95% CI = 0.25–1.00). A $100 increase in monthly income was associated with lower odds of using a faith-based site (OR = 0.97; 95% CI = 0.95–0.99), although the closeness of both confidence limits to 1.00 suggests no association.

Approximately two-fold greater odds of faith-based service use were estimated for respondents who had difficulty finding food or shelter (OR = 1.95; 95% CI = 1.16–3.28) and for those who had never married (OR = 1.95; 95% CI = 1.21–3.14). Although an illicit drug use history was associated with increased faith-based program use (OR = 2.31; 95% CI = 1.52–3.53), 12-step program participants had relatively lower odds of using such providers (OR = 0.44; 95% CI = 0.27– 0.72). Women with a recent history of depression also had decreased odds of using faith-based providers (OR = 0.67; 95% CI = 0.46–0.99). Finally, an additional faith-based program in a respondent's local area was associated with an incremental increase of approximately 17% in the odds of using a faith-based site (OR = 1.17; 95% CI = 1.06–1.29).

Results for the model restricted to data from shelter respondents were similar to those for the full sample, particularly for the findings on African American race/ethnicity (OR = 0.42; 95% CI = 0.21–0.86), illicit drug use history (OR = 2.00; 95% CI = 1.25–3.21), and local availability of faith-based sites (OR = 1.12; 95% CI = 1.02–1.23). However, the confidence interval for the no religious affiliation variable included the null value (OR = 0.53; 95% CI = 0.27–1.07).

Because of the low number of respondents selected from meal programs (n = 156), the multivariate model for that subset of the sample produced extremely unstable estimates that we do not regard as useful. We also tested interaction terms for race/ethnicity with depression and illicit drug use history in the analysis with the full sample, but did not include these variables in the final model because they were not significant.

DISCUSSION

Faith-based programs constitute a substantial portion of the health and social services system for homeless persons. Indeed, the results suggest that approximately 52% of homeless women in Los Angeles County use shelters and meal programs that are, according to our definition, faith based. As hypothesized, the multivariate analysis showed that homeless women with no religious affiliation used the services of such organizations less than did women who identified as Christian.

The religious character of many shelters and meal programs is conveyed by their names or other features of their facilities. Homeless women with no religious affiliation may believe, or may have found in previous experiences with providers, that participation in religious activities is required to receive services. The lack of difference in use of faith-based providers between non-Christian religious respondents and Christians suggests that women in the former category were generally comfortable using those sites. This may be partly due to the presence of three Jewish organizations in the site sample.

Although homeless women with no religious affiliation may avoid programs operated by religious groups, other results suggest that these programs are chosen by particularly vulnerable subgroups of homeless women in Los Angeles County. Participants who had never been married—and who may have been more socially isolated—had greater odds of using faith-based programs. The strong association of substance abuse history and use of faith-based programs speaks favorably for these providers because previous research shows that homeless drug users have difficulty gaining access to public assistance.[19] Given the focus on spirituality in Alcoholics or Narcotics Anonymous meetings, the lower odds of faith-based service

use by 12-step participants suggests that attendance at these meetings might serve similar needs as participating in traditional religious activities.

The finding that study respondents with a history of depression had lower odds of using faith-based services may be related to the fact that these programs less frequently provide mental health services than do secular programs. For example, the 1996 National Survey of Homeless Assistance Providers and Clients showed that 9% of faith-based permanent housing programs for homeless persons had a mental health focus compared with 22% of secular programs.[2]

There are conflicting interpretations of the finding that respondents with problems obtaining shelter or food had relatively greater odds of using faith-based services. From one perspective, it may indicate better accessibility of these programs to more destitute members of the homeless population. Alternatively, interpreted as an outcome, this finding suggests that faith-based programs may not be providing adequate food and shelter to their clientele. In future research, more detailed measures and a longitudinal study design would help to clarify the nature of this association.

Because churches are core providers of formal and informal support in many racial/ethnic minority communities,[20] the lower use of faith-based services by African American and Latina respondents in this study seems counterintuitive. There are several possible explanations for this finding. Homelessness is due, in part, to an estrangement from traditional social networks that can provide support in times of crisis,[21] and this finding may reflect weak ties to family and community institutions for minority women. Perhaps embarrassment about appearing impoverished or disheveled deters some homeless women who grew up in very religious communities from seeking services at church-based programs. As a potential explanation for the race/ethnicity finding, we included in the regression model several interaction terms between race/ethnicity, depression, and illicit drug use history, but these were not significant. The inclusion of more open-ended questions in future survey research might help to explain these racial/ethnic differences in the use of faith-based programs.

Several limitations to this study should be mentioned. Respondents were not asked about their past use of faith-based service providers or whether the religious or secular character of programs influenced where they sought services. Future surveys to monitor the impact of homeless assistance programs should identify clients for whom the religiosity of social service providers is important, as well as clients who prefer that boundaries be maintained between social services and religious activities. The cross-sectional design limits inferences about the causal relationships of several independent variables and respondent choice of program. Although the results suggest that religious beliefs influenced respondent choice of program, it is also conceivable that contact with faith-based providers influenced their religious beliefs. However, religious conversion of clients probably does not happen to a great extent.

The potential for reporting bias is an issue in any survey. We addressed this problem by using questionnaire items that were originally developed among homeless or other vulnerable populations. The generalizability of these results to homeless women outside Los Angeles County may also be limited, although evidence suggests that homeless persons in Los Angeles are demographically similar to those in other US cities.[22] Because the central goal of the UCLA Homeless Women's Health Study was to examine health issues for women of reproductive age, the sample did not include women who were under age 15 years or older than 45 years, and men of all ages were excluded from the study. Future work in this area should include a broader representation of gender and age groups.

CONCLUSION

Homeless persons have numerous medical and psychosocial problems, which makes it crucial to understand how both client and provider characteristics affect access to needed services. It is known that patients are more likely to choose physicians who share their race/ethnicity, gender, or language, and this patient-physician concordance is associated with indicators of improved access to care.[23–26] The present study examined what might by analogy be called religious concordance—specifically, the extent to which religious affiliation affects client use of faith-based or secular service programs.

The finding that women with no religious affiliation had lower odds of using faith-based providers suggests that social service programs with a religious character are not acceptable for all subgroups of the homeless population. This underscores concerns about the constitutionality of the faith-based initiative.[27] If homeless women with a history of illicit drug use or problems obtaining food or shelter are more likely to use faith-based programs—as suggested by our analysis—then increased public funding of this sector may improve the health of these populations. However, our findings also suggest that this policy shift could result in a less-equitable distribution of limited government support because homeless persons need assistance regardless of characteristics such as religious affiliation or race/ethnicity.

Future studies could further examine these issues by collecting comparative data from clients on the acceptability and performance of faith-based and secular programs. Methodologically, such work would also present opportunities to develop a standardized approach to categorizing organizations as faith based or secular, which has been identified by the Department of Housing and Urban Development as a research priority.[13] More important, however, is the possibility that continued research could help improve homeless persons' access to a culturally diverse range of social service programs.

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